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The development of psychiatry in Slovakia

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Abstract: Around the turn of the twentieth century, when Sigmund Freud and Sandor Ferenczi were gaining international recognition for their seminal work in the new discipline of psychiatry in Austria-Hungary, progress in medicine and public healthcare were virtually non-existent in the Hungarian Highlands (Upper Hungary, Felvidék, Horná zem, the territory of today's Slovakia). Owing to political conditions, scientific development of Slovak medical research and psychiatry began only from 1918 on. My paper should be understood as an introduction to Slovak public healthcare with a focus on psychiatry in the Central European political context during the years following the First World War.

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Josette Baer

The Development of Psychiatry in Slovakia

Introduction

This text should be understood as an introduction to the political history of Slovakia with a focus on public health. For the Slovaks, 1918 marked the crucial moment of self-government and the end of aristocratic rule; the Slovak territory was united with the Czech lands (Bohemia, Moravia and Moravian Silesia) by February 1919,¹ and the new border with Hungary was confirmed in the peace treaty of Trianon in June 1920, effective from July 1921. The Czechoslovak Republic, founded by professor of philosophy Thomas Garrigue Masaryk (1850–1937), was the result of the Allied victory in the First World War and recognition for Masaryk's Czechoslovak *legia*, which had fought on the side of the Allies for four years.

I am neither a physician nor a historian of medicine; thus, my text is based on the studies of two Slovak colleagues as well as specialist literature that I have scrutinized in preparing this text.² Owing to my lack of expertise, I shall not present the process of

¹ Note that all translations into English are by me, unless otherwise referred to. On the details of the integration of Slovakia into the Czech lands, see Josette Baer: *A Life Dedicated to the Republic*. Vavro Šrobár's Slovak Czechoslovakism, Stuttgart 2014, 73–94.

² Roy Porter: *The Greatest Benefit to Mankind. A Medical History of Humanity*, New York, London 1999; Jeffrey A. Lieberman with Ogi Ogas: *Shrinks. The Untold Story of Psychiatry*, London 2016; Adam Bžoch: *Psychoanalýza na Periférii (k dejinám psychoanalýzy na Slovensku)*, Bratislava 2007.

development of psychiatry in detail, that is, single phases in which new research methods, such as psychoanalysis or forensic psychiatry, were introduced or experimented with. This text deals with psychiatry in the context of public healthcare in Czechoslovakia. I would like to express my gratitude to Professor Paul Hoff, head of the Psychiatric University Hospital Zurich (PUK),³ who generously sent me PDFs of chapter II of his book, and to the neurologist MUDr Milan Novák, scientific director of the Kosmonosy Psychiatric Clinic, whose comments were immensely helpful.⁴

My text is structured as follows: First, I shall briefly present the public health situation of the Slovaks in Slovakia, that is Upper Hungary, the northern mountainous region of the Kingdom of Hungary (Felvidék), roughly from the 1880s to 1918. Second, I focus on the year 1918 that changed Slovaks' lives for the better. The new Czechoslovak government referred to the regime change it undertook as revolutionary because everything changed: general franchise, including women; new personnel in state and educational institutions; confiscation and nationalization of the immense land holdings of the Catholic Church; a completely new foreign policy, orientated towards the USA and Great Britain; and the adoption of the constitution of Czechoslovakia as a sovereign nation state of the Czechs and Slovaks. These massive social, economic and political changes, geared to the creation of a democracy, also prompted the establishment of a state-organized system of public health, which had barely deserved the name under Hungarian rule.

³ <https://www.pukzh.ch/ueber-uns/geschichte/>; accessed 16 December 2019.

⁴ Paul Hoff: *Geschichte der Psychiatrie*, Kapitel 2, in: *Psychiatrie, Psychosomatik, Psychotherapie*, Berlin, Heidelberg 2011. The Kosmonosy Clinic on <http://www.plkosmonosy.cz/>; accessed 5 June 2020.

Public Healthcare in Slovakia prior to 1918

I owe the following details about social medicine and psychiatry to two Slovak doctors: professor of social medicine Vavro Šrobár (1867–1952), and professor of psychiatry Michal Turček (1921–1970).

Vavro Šrobár was a Catholic from Ružomberok, an adherent of Masaryk. He studied medicine in Prague in the 1890s. In October 1918, he joined Czech members of the national liberation movement in signing the declaration of independence on behalf of the Slovaks and would rule Slovakia as Plenipotentiary with a firm hand in the dangerous years of Czechoslovak state building from 1919 to 1921. Šrobár is probably one of the most neglected politicians of twentieth-century Central European history. In 1936, he wrote recalling the past:

Thus, in 1870, the government prohibited the Slovak priests from founding associations dedicated to the promotion of sobriety [*abstinentné spolky*] in the district of Upper Trenčín. At the beginning of this century, the authorities banned my activities just after my third lecture; I was educating the people in the villages adjacent to Ružomberok about tuberculosis, alcoholism, trachoma, infant mortality and household hygiene, with the help of pictures and drawings. The school inspector prohibited the editors of Hlas from publishing a booklet by Dr Dušan Makovický, because it was written in Slovak.⁵

Public healthcare did exist in the Kingdom of Hungary, but because of the politics of assimilation, the hospitals in Upper Hungary were not perceived as institutions where one could get treatment, but only where one would die – or so the barely literate and impoverished peasants in Slovakia must have thought. Dirty rooms, no modern technical equipment and understaffing were the rule, not the exception. This misery had mainly political causes, but was also due to lack of funds, or state investments that were either unsound or lacking altogether. Healthcare was considered a government task

⁵ Vavro Šrobár: Úlohy sociálneho lekárstva na Slovensku, in: Bratislavské lekárske listy 16/16 (1936) 1–17, special issue, 2–3. Hlas was the journal of the secular Slovak intellectual elite, adherents of Masaryk's Czechoslovak state theory.

only when major health hazards, such as epidemics, occurred. The ruling Liberal Party in the capital Budapest referred to its government, naturally, as a liberal one, but:

Classical liberalism was led by the middle classes, extolled the value of meritocracy, and was wedded (at least theoretically) to the principle of free speech. Hungarian liberalism was none of these things. As elsewhere in Central Europe, liberalism in Hungary before 1918 was grounded in a distinct historical tradition: it was enacted by a narrow social elite and driven by a larger nation-building project.⁶

Until 1918, that is, the foundation of the Czechoslovak Republic, the hospital personnel were Hungarian speakers. Thus, a Slovak farmer could not explain to the Hungarian-speaking physician where he felt pain, and the physician was not able to treat him because he did not understand Slovak. According to Hungarian law, every physician practising in Upper Hungary had to confirm in writing that he was neither a member of, nor publicly active on behalf of, the Slovak national movement.⁷ Budapest's brutal assimilation policies blocked high-school and university education for Slovak youth since classes at both institutions were held in Hungarian in Hungary or German in Austria. After 1882, Slovak students who passed the *maturita* could study in Czech at the Czech section of Charles-Ferdinand University in Prague. Among the Slovak medical students who benefitted from studying in the Czech section were Šrobár and his friends, who would form the first generation of Slovak doctors capable of treating patients in much friendlier and more professional surroundings.

Michal Turček's text⁸ is the only source of information I found at the Slovak National Library (SNK) in Martin. He had planned to

⁶ Thomas Lorman: *The Making of the Slovak People's Party. Religion, Nationalism and the Culture War in Early 20th-Century Europe*, London, New York, Oxford, New Delhi, Sydney 2019, 13.

⁷ V. Šrobár: *Úlohy sociálneho lekárstva na Slovensku*, 3.

⁸ Michal Turček: *Dejiny Psychiatrie na Slovensku*, part I in: *Protialkoholický Obzor* 26/5 (1991) 303–308; parts II–III, in: *ibid.* 26/6 (1991) 403–414; part IV, in: *ibid.* 27/1 (1992) 23–29; part V, in: *ibid.* 27/2 (1992) 71–75; part VI, in: *ibid.* 27/3 (1992) 167–173.

write a history of psychiatry in Slovakia (*Dejiny Psychiatrie na Slovensku*, last draft 1962); unfortunately, he died before he could finish the text. His colleague, professor of medicine Alojz Janík from Prague, edited Turček's text and published it in the scientific journal *Anti-alcoholism Observer*, founded in 1965. Turček's special field was the treatment of alcoholism; he practised art therapy and acted for many years as an expert in forensic psychiatry at the state court in Bratislava.⁹ He was also a member of the Council for Psychiatry at the Ministry of Health of the Slovak Socialist Republic (SSR).¹⁰

In Upper Hungary, psychiatry and medicine developed only after the Enlightenment; Central Europe and Western Europe were, in terms of scientific development, more or less on an equal footing prior to the Enlightenment. Mainly monasteries took pity on those whom they perceived as mentally ill; in the Hungarian kingdom it was also customary practice for the authorities to subsidize the cost of housing, clothing and food for the mentally ill. One can imagine how these most vulnerable members of society were treated, since they were considered a source of income. Paul Hoff on the care of the mentally ill prior to the Enlightenment:

The great psychiatric clinics of Paris, Bicêtre and Salpêtrière were first and foremost a blend of poor house, prison, asylum for the homeless and orphanage [...] and the consulting of physicians was not the rule at all.¹¹

By the mid-nineteenth century, general hospitals were the norm in the Hungarian kingdom, and the first psychiatric clinic was founded in 1857 in Kolozsvár (today Cluj-Napoca, Romania). In Upper Hungary, *primár* (head physician) Dr Jakub Fischer founded the first psychiatric ward in Pressburg/Pozsonyi (today Bratislava,

⁹ Anna Falisová: *Lekári na Slovensku do roku 2000*, Bratislava 2010, 414–415.

¹⁰ In December 1970, following the invasion of 21 August 1968, the federation was established, granting Slovakia (SSR) some autonomy in state institutions on her own territory. The federation was not a real one since the party did not federalize, but the regime was no longer as centralistic as it had been prior to Dubček's reforms.

¹¹ P. Hoff: *Geschichte der Psychiatrie*, 29.

the capital of Slovakia) in 1891 on the premises of the town's general hospital.¹²

A statistic cited by Turček informs us about the abominable situation at that time: In 1880, in Pressburg/Pozsonyi, one mentally ill person was registered for every 256 citizens. Other figures state that, especially in the countryside, the figures were lower, that is, there were fewer mentally ill citizens than in Pressburg, the future Slovak capital Bratislava. How to explain these figures? Turček assumed that medical knowledge, hence diagnosis of psychiatric illness, was not as developed in the poor rural regions as in the city on the Danube, where professionally trained physicians were in contact with international research.¹³ Another statistic¹⁴ demonstrates the poor situation of healthcare in comparison with its development by the year 2000. In the mid-nineteenth century, 210 Hungarian-speaking physicians were registered in Upper Hungary to take care of 11,400 (!) Slovak-speaking patients. This situation changed significantly in the two decades of the First Republic (1918–1938): in 1937, one year prior to the Munich Agreement that would violently destroy the only democracy in Central Europe, one physician was available to 1878 patients, and by 2000, one physician for 271. The modernization of public healthcare and training of physicians significantly improved from 1918 on because of the political situation: Slovak and Czech students could now study medicine at Czechoslovak universities in their own languages.

«Charity instead of clinic» – this slogan can partly explain the development of European and Central European (not yet public) healthcare for the mentally ill from the mid-nineteenth century to the years after the First World War. As Milan Novák points out: «Charity instead of clinic» applied to the Czech lands before mid-nineteenth century, since the development of psychiatry followed the trends in Austria and Germany, and the first psychiatric clinic, the *Tollhaus*, was founded in Prague in 1790 under the rule of Joseph II

¹² M. Turček: *Dejiny Psychiatrie*, parts II and III, 405–406.

¹³ *Ibid.*, part V, 74.

¹⁴ A. Falisová: *Lekári na Slovensku*, 66.

(1741–1790).¹⁵ Prior to the First World War, mainly charitable Christian care was available; private persons paid by the government, poor-houses or asylums and monasteries took care of the ill, without the facilities and scientific skills of psychiatric diagnostics. The period after the First World War saw significant modernization: in newly founded Czechoslovakia, public healthcare was reorganized and brought up to international standards of medical and psychiatric research.

Psychiatry in Slovakia after 1918

In 1918, the Slovaks and Czechs happily faced a new phase of their national lives: the establishment of a sovereign state; self-determination after centuries of having to obey foreign rule, serving in an army whose purpose was to preserve the authoritarian rule of the aristocracy and Catholic clergy and the distinctly anti-modern and anti-Enlightenment attitude of the political elite, apart from bearing the huge tax burden of the Danubian monarchy.

The misery in the Slovak countryside would soon be a thing of the past, and one woman took responsibility: Dr Alice Masaryková (1879–1966). The eldest daughter of President Masaryk had planned to study medicine, but for reasons unknown to us, she gained her doctorate in philosophy and literature.¹⁶ Alice Masaryková was the

¹⁵ Milan Novák: «The *Narrenturm* in Vienna was founded briefly before the Prague *Tollhaus*. In 1822, a new psychiatry, St. Catherine's, was founded in Prague and became an independent psychiatric institution in 1846; it operated also as university clinic under the guidance of Dr Riedel and professor Arnold Pick and others. The emperor called Riedel to Vienna to oversee the foundation of a new psychiatric hospital because of his experience from Prague. Other large psychiatric hospitals were founded before the First World War in the Czech lands: 1863 Brno, 1869 Kosmonosy (where I work), 1880 Dobřany, 1887 Opařany, 1891 Horní Beřkovice, 1902 Jihlava, and in 1909 Bohnice and Kroměříž. All were modern and scientifically up-to-date at their time. There were also many private clinics.»

¹⁶ The best biography known to me is Radovan Lovčí: Alice Garrigue Masaryk. *Život ve stínu slavného otce*, Praha 2007.

energetic founder of the Czechoslovak Red Cross in 1919, with the support of American and British friends of her father. She knew what was at stake:

We want to have our state placed on a firm basis of expert, scientific work, no dilettantism or «goody-goody» enthusiasm; we believe in clear business-like idealism for the transition period. This idealism will never leave Czechoslovakia – but now we need all hands on deck to save many thousands of lives.¹⁷

When Hitler broke up Czechoslovakia, the so-called Slovak Republic (1939–1945) came into being.¹⁸ The clerical-fascist regime, presided over by Catholic theologian and priest Dr Jozef Tiso (1887–1947), would excel in its antisemitism, which had cruel consequences for public healthcare in the officially sovereign state. Although the governing party HSĽS (*Hlinkova Slovenská Ľudová Strana*, Hlinka's Slovak Peoples' Party) never tired of stressing that Slovakia's sovereignty was the result of the people's national aspirations, the state was but the result of Hitler's aggression – and at Hitler's beck and call. Yet, to the citizens, the state was their first experience of sovereignty.

The Slovak state was a catastrophe for the Slovak physicians of Jewish descent. Anna Falisová states that there are no statistics for

¹⁷ «What the Czechoslovak Red Cross needs»: compiled from official reports on <https://archive.org/stream/5926299upenn/5926299#page/n3/mode/2up>; accessed 28 October 2019.

¹⁸ Note that the official name of Slovakia from 1939 to 1945 was «Slovak Republic»; here, I take the liberty NOT to use «Slovak Republic», since the Slovak state had nothing at all in common with a Republic. I am fully aware that I am ignoring one of the principal rules of academic historiography, that is, that one has to refer to names and institutions how they were referred to in the period subject to investigation. Yet, I do not see the point of sticking to a rule which, in this particular case, would only deliver a mistaken portrait of the political conditions in Slovakia from 1939 to 1945. Highly recommendable about the Slovak state are: Slovenská Republika 1939–1945, Bratislava 2015; František Cséfalvay, Ľubica Kázmerová: Slovenská Republika 1939–1945. Chronológia najdôležitejších udalostí, Bratislava 2007; Jaroslava Roguľová a kol.: Dva režimy jednej krajiny, Bratislava 2017.

the war years 1939 to 1945, but she found some figures that illustrate the cruel situation.¹⁹ In October 1938, 867 Slovak physicians were Jews (44%). As a result of the anti-Jewish laws issued by the Tiso government in March 1942, 124 Jewish doctors were deported in the first wave of 1942 to what the regime believed were labour camps in German-occupied Poland. Eight of them survived. After Nazi Germany occupied Slovakia in the autumn of 1944, 280 Jewish doctors who had initially been spared to aid the German war effort were deported and murdered.

Slovak research into the history of medicine and psychiatry is still in its infancy. Apart from Turček's draft, there are no studies that scrutinize the development of medicine and psychiatry in the years of the Communist regime (1948–1989) in Slovakia. Research on psychiatry under Communism is a very young field, and the superb volume edited by Sarah Marks and Mat Savelli²⁰ is only the beginning, but a highly interesting one since it reveals a crucially important distinction between the almighty Soviet Union and its satellite state Czechoslovakia – Pavlovism:

Pavlovism, an argumentation schema based on I. P. Pavlov's reflex theory. According to this viewpoint, social relations were external stimuli that caused conditional reflexes in people, thus affecting the «higher nerve-functions» influencing behaviour. From this view, Western psychotherapy was deemed an «imperialist psychology», due to the fact that it supposedly individualized social problems, thereby concealing and sustaining their real causes, namely economic inequality and the exploitation-based social class-structure.²¹

What did the Soviet Union Pavlovist regime look like? The Soviet government used psychiatry as a 'healing' tool of dissidents, or anybody who in Brezhnev's neo-Stalinist Soviet Union dared to speak their critical mind. The policy of treating Soviet dissidents in

¹⁹ A. Falisová: *Lekári na Slovensku*, 67–68.

²⁰ Sarah Marks, Mat Savelli (eds): *Psychiatry in Communist Europe*, Basingstoke 2015.

²¹ Melinda Koval: *The History of the Hungarian Institute of Psychiatry and Neurology between 1945 and 1968*, in: S. Marks, M. Savelli: *Psychiatry in Communist Europe*, 122.

psychiatric clinics was cruel but, in theoretical terms, i.e. according to Marxist-Leninist thought, a perfectly rational procedure. Just put yourself in the shoes of a devout Brezhnevist: The Soviet Union provides for her citizens, who won the second World War at the cost of great sacrifice, the best social regime, that is, affordable healthcare, education, kindergartens, public transportation and retirement. Let us have a look at what Czech, Soviet and Slovak Party members were proclaiming in November 1961 on the occasion of the meeting of the Association of Czechoslovak and Soviet friendship:

Over the next twenty years, the Soviet Union will build the material and technological basis of Communism. In view of the diverse development of the powers of production and the high level of engineering, cultural and living standards, the Soviet Union will overtake the USA in per capita industrial production [...] By 1980, the Soviet Union will possess the financial means to grant free education for children in kindergartens and primary schools, material support for those who cannot work, free education in schools at all levels of instruction, free medical care and stays at health spas, rent-free apartments and free community services, free public transport and a step-by-step transition to free alimentation for all.²²

What political system could possibly top that? Certainly not Western-type Capitalism with its exploitation of the working people, horrendously expensive education system and the immoral gap between the filthy rich and the desperately poor. In the way of thinking of the members of the Politburo, anybody who did not understand the humanity of the Soviet system must be mentally ill, thus needed to be taken care of in a psychiatric clinic. Under Stalin, disbelievers were simply shot or sent to the gulag; under Brezhnev, they were «healed» in psychiatric clinics.²³

²² Quoted from Stanislav Sikora: *Rehabilitácie v roku 1963 a ich politické dôsledky*, in: Miroslav Londák, Elena Londáková, Stanislav Sikora: *Predjarie. Politický, ekonomický a kultúrny vývoj na Slovensku v rokoch 1960–1967*, Bratislava 2002, 16.

²³ Milan Novák: «This practice started already under Stalin: Konstantin Päts, the President of the occupied and annexed Estonia was held in a mental asylum from 1943 to 1956 and died there. He was forcibly treated under the pretext of psychosis when insisting to be the President of Estonia, which was perfectly true.»

Slovak and Czech citizens who dared to voice criticism of Gustáv Husák's²⁴ neo-Stalinist normalization regime (1969–1989) were not «healed» in a psychiatric clinic, and the standard Czechoslovak text book on medicine and special medicine had no entry on Pavlovism.²⁵ I think that, after 1968, almighty Moscow knew exactly what it was doing: leave those Slovak and Czech psychiatrists alone. Those, who did not emigrate to the Capitalist West, are obviously not political, and the only possible harm they can do to us and the Socialist bloc is talking to Western psychiatrists – let them discuss psychiatric theories and diagnostics to their hearts' content. Our troops are at the borders with the West, and we have a firm grip on Czechoslovakia. Our Soviet military might is what counts, not some Slovak or Czech psychiatrists who attend conferences in the West.

Conclusion

To conclude: recently, historians and historians of medicine have opened up a new chapter in the history of medicine in Central Europe. The superb volume edited by Sarah Marks and Mat Savelli²⁶ is but the beginning of a new journey. The reason why Michal Turček entitled his unpublished draft *The History of Psychiatry in Slovakia* and not *The History of Slovak Psychiatry* was simple: in 1918, only two psychiatrists declared their national identity as Slovak.²⁷ Psychiatry in the Slovak-speaking Northern territory of the Hungarian kingdom equalled the developments in the field in Western Europe. There was not much of a difference in treating mentally ill

²⁴ Two excellent biographies of Husák: Slavomír Michálek, Miroslav Londák a kol., Gustáv Husák. Moc Politiky. Politik Moci, Bratislava 2013; Michal Macháček: Gustáv Husák, Praha Vyšehrad 2017.

²⁵ Zdeněk Mysliveček: *Obecní psychiatrie*, Praha 1959; *Speciální psychiatrie*, Praha 1959. I thank professor of psychiatry Jiří Modestín, Zurich, for this information.

²⁶ S. Marks, M. Savelli: *Psychiatry in Communist Europe*.

²⁷ Alojz Janík: Doslov, in: M. Turček: *Dejiny psychiatrie na Slovensku*, part VI, 173.

persons in France and Hungary in the late eighteenth century. «Charity instead of clinic» was the rule in Europe until the mid-nineteenth century. In 1918, the foundation of sovereign Czechoslovakia prompted a great surge of modernization, accompanied by a secular and scientific perception of society and politics: a system of public healthcare and the Czechoslovak Red Cross were established, and special hospital wards took care of the mentally ill. Professional medical research developed also in psychiatry, which was just the beginning of a new perspective on how to explain mental illness. The previous view of psychologically abnormal individuals and behaviour was no longer blamed on demons or the devil, but now subject to scientific scrutiny.

Since 1 January 1993, Slovakia has been a sovereign state, and Slovak citizens are the masters of their politics, economics, public healthcare and culture. After some bumpy years under Prime Minister Vladimír Mečiar, the citizens voted in 1998 for a coalition of centre-right parties with an agenda of integration into Western political structures. The little Central European state gained both NATO and EU membership in 2004, and Slovak diplomats rightfully refer to the country's post-communist history as a success story. This success is also mirrored in the development of psychiatric care, which began after the Second World War and developed under the Communist regime. Today, there are four general psychiatric clinics (research and treatment), two specialized in child psychiatry, six psychiatric hospitals (treatment), twenty-four psychiatric wards in hospitals, thus thirty-six institutions dedicated to psychodiagnostics, research, treatment, forensic psychiatry, problems of addiction, crisis intervention, psychotherapy, preventive detention and geriatric psychiatry.²⁸

Compared with the abominable situation of public healthcare in Upper Hungary in the late 1890s, which Vavro Šrobár described, this development is a true success story. I am quite certain that both Šrobár and Turček would be very proud of what their colleagues have achieved.

²⁸ <http://www.psychiatry.sk/psychiatricke-zariadenia>; accessed 2 December 2019.

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